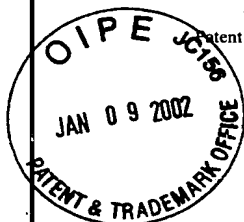


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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.



## Complete if Known

Application Number 09/509,603  
Confirmation Number Not Yet Assigned  
Filing Date April 6, 2000  
First Named Inventor Policicchio et al.  
Examiner Name J. Smetana  
Group/Art Unit 1744  
Attorney Docket No. 6873

TOTAL AMOUNT OF PAYMENT (\$ 110.00

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

## FEE CALCULATION

### 1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
101 740	Utility filing fee	<input type="checkbox"/>
106 330	Design filing fee	<input type="checkbox"/>
108 740	Reissue filing fee	<input type="checkbox"/>
114 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$)[ ]

### 2. EXTRA CLAIM FEES - Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/> =	<input type="checkbox"/>
Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/> =	<input type="checkbox"/>
Multiple Dependent	<input type="checkbox"/>	<input type="checkbox"/> =	<input type="checkbox"/>

\*\* or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
103 18	Claims in excess of 20
102 84	Independent claims in excess of 3
104 280	Multiple dependent claim, if not paid
109 84	**Reissue independent claims over original patent
110 18	**Reissue claims in excess of 20 & over original patent

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
105 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139 130	Non-English specification	<input type="checkbox"/>
147 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115 110	Extension for reply within 1 <sup>st</sup> month	[110]
116 400	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>
117 920	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>
118 1,440	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
128 1,960	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
119 320	Notice of Appeal	<input type="checkbox"/>
120 320	Filing a brief in support of an appeal	<input type="checkbox"/>
121 280	Request for oral hearing	<input type="checkbox"/>
138 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140 110	Petition to revive - unavoidable	<input type="checkbox"/>
141 1,280	Petition to revive - unintentional	<input type="checkbox"/>
142 1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
143 460	Design issue fee	<input type="checkbox"/>
122 130	Petitions to the Commissioner	<input type="checkbox"/>
123 50	Petitions related to provisional applications	<input type="checkbox"/>
126 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
146 740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149 740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
179 740	Request for Continued Examination (RCE)	<input type="checkbox"/>
169 900	Request for expedited examination of a design application	<input type="checkbox"/>
091 1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>

\* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$)[ ]

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01/15/2002 CCHAU1 00000004 162480 09509603

01 FC:115 110.00 CH

SUBTOTAL (2) (\$)[ ]

## SUBMITTED BY

Name (Print/Type) Thibault Fayette  
Signature

## Complete (if applicable)

Telephone (513) 627-4593  
Date December 4, 2001

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